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Application Data Sheet 37 CFR 1.76		Attorney Docket Number	0E-040042US/82410.0181
		Application Number	
Title of Invention	APPARATUS AND METHOD FOR ABLATING TISSUE		
The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76. This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.			

Secrecy Order 37 CFR 5.2

☐ Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not be filed electronically.)

Applicant Information:

Applicant 1									
Applicant Authority		<input checked="" type="radio"/> Inventor				<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name		Middle Name		Family Name			Suffix	
	Matthias				Vaska				
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service									
City	Palo Alto		State/Province	CA	Country of Residence i		US		
Citizenship under 37 CFR 1.41(b) i			US						
Mailing Address of Applicant:									
Address 1		365 College Avenue							
Address 2									
City	Palo Alto			State/Province		CA			
Postal Code		94306		Country i	US				
Applicant 2									
Applicant Authority		<input checked="" type="radio"/> Inventor				<input type="radio"/> Legal Representative under 35 U.S.C. 117		<input type="radio"/> Party of Interest under 35 U.S.C. 118	
Prefix	Given Name		Middle Name		Family Name			Suffix	
	Jonathan		L.		Podmore				
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="radio"/> Non US Residency <input type="radio"/> Active US Military Service									
City	San Carlos		State/Province	CA	Country of Residence i		US		
Citizenship under 37 CFR 1.41(b) i			US						
Mailing Address of Applicant:									
Address 1		1488 Cordilleras Avenue							
Address 2									
City	San Carlos			State/Province		CA			
Postal Code		94070		Country i	US				
All Inventors Must Be Listed - Additional Inventor Information blocks may be generated within this form by selecting the Add button. Add									

Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below.
For further information see 37 CFR 1.33(a).

☐ An Address is being provided for the correspondence Information of this application.

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Title of Invention	APPARATUS AND METHOD FOR ABLATING TISSUE			
Customer Number	55962			
Email Address			<input type="button" value="Add Email"/>	<input type="button" value="Remove Email"/>

Application Information:

Title of the Invention	APPARATUS AND METHOD FOR ABLATING TISSUE		
Attorney Docket Number	0E-040042US/82410.0181	Small Entity Status Claimed	<input type="checkbox"/>
Application Type	Nonprovisional		
Subject Matter	Utility		
Suggested Class (if any)		Sub Class (if any)	
Suggested Technology Center (if any)			
Total Number of Drawing Sheets (if any)	44	Suggested Figure for Publication (if any)	

Publication Information:

<input type="checkbox"/>	Request Early Publication (Fee required at time of Request 37 CFR 1.219)
<input type="checkbox"/>	Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing.

Representative Information:

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.			
Please Select One:	<input checked="" type="radio"/> Customer Number	<input type="radio"/> US Patent Practitioner	<input type="radio"/> Limited Recognition (37 CFR 11.9)
Customer Number	55962		

Domestic Benefit/National Stage Information:

This section allows for the applicant to either claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c) or indicate National Stage entry from a PCT application. Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C. 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.			
Prior Application Status	Pending	<input type="button" value="Remove"/>	
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
	Division of	09507336	2000-02-18
Prior Application Status	Patented	<input type="button" value="Remove"/>	

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		Application Number	
Title of Invention	APPARATUS AND METHOD FOR ABLATING TISSUE		

Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)	Patent Number	Issue Date (YYYY-MM-DD)
	Continuation in part of	09356476	1999-07-19	6311692	2001-11-06
Prior Application Status		Patented	Remove		
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)	Patent Number	Issue Date (YYYY-MM-DD)
	Continuation in part of	09157824	1998-09-21	6237605	2001-05-29
Prior Application Status		Patented	Remove		
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)	Patent Number	Issue Date (YYYY-MM-DD)
	Continuation in part of	08943683	1997-10-15	6161543	2000-12-19
Prior Application Status		Abandoned	Remove		
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)		
	Continuation in part of	08735036	1996-10-22		
Additional Domestic Benefit/National Stage Data may be generated within this form by selecting the Add button.					

Foreign Priority Information:

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).			
			Remove
Application Number	Country ⁱ	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
			<input type="radio"/> Yes <input type="radio"/> No
Additional Foreign Priority Data may be generated within this form by selecting the Add button.			

Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.				
Assignee 1				
If the Assignee is an Organization check here. <input type="checkbox"/>				
Prefix	Given Name	Middle Name	Family Name	Suffix
Mailing Address Information:				
Address 1				
Address 2				
City		State/Province		
Country ⁱ		Postal Code		
Phone Number		Fax Number		
Email Address				

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Additional Assignee Data may be generated within this form by selecting the **Add** button.

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.					
Signature	/Heather H. Ramirez/			Date (YYYY-MM-DD)	2008-29-02
First Name	Heather	Last Name	Ramirez	Registration Number	57369

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**